

CITY OF FRANKFORT
OVERTIME/COMPENSATORY TIME ELECTION FORM
(FOR NON-EXEMPT EMPLOYEES ONLY) (Revised 1/5/2010)

Labor Laws allow non-exempt employees to choose (elect) if they would prefer banking compensatory time (at the 1.5 rate) rather than being paid overtime (at the 1.5 rate) for hours worked in excess of forty (40) per week. This election only applies to hours worked over 40 per week. Hours worked up to 40 will be paid out at the straight time (1.0) rate. The City workweek runs from Tuesday – Monday. **Section A** of this form is used to elect/choose earning comp-time, and **Section B** of this form is used to rescind the Comp-time election and return to a paid overtime status. Unless an employee submits Section A, the assumption is that the employee would be paid overtime for hours worked in excess of 40/week. All changes to an employee's overtime/comp-time status will be made effective on the first day of the pay period after the form is received by the HR Office. Elections are valid for a minimum of 13 pay periods.

SECTION A – Electing to Earn Compensatory Time

I, _____, request that all hours which I work in excess of 40 hours in a week be accrued as compensatory leave at the rate of one and one-half (1.5) hours for each hour worked over 40 hours. I understand that this election cannot be changed for a minimum of 13 pay periods, and will continue after that time until a new written election form is signed and submitted.

I certify that this election is voluntary on my part and made with no coercion to force my decision.

Employee Signature_____ Supervisor Signature_____

Date Signed_____ Date Signed_____

Employee Number/Last 4 digits of SSN_____

SECTION B – Rescinding Compensatory Time Election

I, _____, rescind my election to accrue compensatory leave at the rate of one and one-half (1.5) hours for each hour worked over 40 hours, and request that I be paid at one and one-half (1.5) times my hourly rate. I understand that this election cannot be changed for a minimum of 13 pay periods, and will continue after that time until a new written election form is signed and submitted.

I certify that this election is voluntary on my part and made with no coercion to force my decision.

Employee Signature _____ Supervisor Signature _____

Date Signed _____ Date Signed _____

Employee Number/Last 4 digits of SSN_____

[illegible]

HR Office use only: Effective Date _____
Initials: Payroll _____ HR _____